

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-11-04.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. Both the office visit on 12/12/03 and the prescription medication Tramadol dispensed on 12/12/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees outlined above as follows:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b) and (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable to dates of service 12/12/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 22<sup>nd</sup> day of September 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

September 16, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-2879-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Physical Medicine/Rehabilitation and Pain Management and is currently on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent: correspondence and case review 07/20/03.

Information provided by Treating Doctor: office notes 07/02/01 – 12/12/03

### **Clinical History:**

The patient was injured on \_\_\_\_, which caused him to suffer from low back pain. He has had intermittent flare ups of his pain over the years.

### **Disputed Services:**

Office visit and prescription medication Tramadol on 12/12/03.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the office visit on 12/12/03 and prescription medication Tramadol was medically necessary in this case.

**Rationale:**

The records provided for review document that the claimant's back injury from \_\_\_\_ was not assigned any specific diagnosis or testing, other than imaging. The interpretations of the MRI presented so called "abnormals", which in fact may or may not be significant.

The office notes provided were for office visits on 07/02/01, 05/23/03, 09/09/03 and 12/12/03. According to these records, the medication in dispute, Tramadol, was not prescribed by the treating doctor on any of these visits. The medication Mobic was prescribed on 09/09/03, and Celebrex and Vitram was prescribed on 12/12/03. If, in fact, this treating doctor changed the patient from Celebrex to Tramadol, he would have likely done so because Tramadol has the same pain relieving properties as Celebrex, but without nephro-toxic properties. The medications prescribed were appropriate for pain relief of an injury such as this.

Sincerely,